

2 receive
8/6/01

ISSUE SLIP STATE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 4/2/01 |
| FORMALITY REVIEW | H8 | TC-916 | 08-10-01 |
| RESPONSE FORMALITY REVIEW | MS | SC906 | 08/09/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
+ Restricted O Objected

| Claim | Date |
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| Final | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

8/5
08/6/01